

**OFFICIAL**

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation  
42 CFR 436.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in  
ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☒ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(A) &  
(E), 1902(l) & (m),  
1905(p) and (q)  
and 1920 of the  
Act --

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(IX), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), and 1920 of the Act are met.

TN No. 92-2  
Supersedes  
TN No. 88-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E